

THE CENTRAL CENSUS STEERING COMMITTEE
POPULATION AND HOUSING CENSUS QUESTIONNAIRE

TIME : 00.00 A.M. APRIL 01, 2009



(LONG FORM)

ALL INFORMATION HEREIN WILL BE KEPT STRICTLY CONFIDENTIAL

SAMPLE DIGITS TO FILL INTO BOX

0	1	2	3	4	5	6	7	8	9
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PLACE "X" INTO THE SMALL BOX TO INDICATE THE RESPECTIVE ANSWER

IDENTIFICATION

PROVINCE/CITY: _____

DISTRICT/QUARTER/TOWN/PROVINCIAL CITY: _____

COMMUNE/WARD/DISTRICT TOWN: _____

ENUMERATION AREA (EA) NUMBER:

NAME OF EA: _____

URBAN/RURAL (URBAN = 1; RURAL = 2):

HOUSEHOLD NUMBER:

FULL NAME OF HOUSEHOLD HEAD: _____

ADDRESS OF THE HOUSEHOLD: _____

RESULTS

NUMBER OF USUAL RESIDENTS IN THIS SET OF QUESTIONNAIRE:

NUMBER OF MALES:

NUMBER OF FEMALES:

THIS IS SET IN SETS OF THE HOUSEHOLD

CERTIFICATION

	FULL NAME	SIGNATURE
HOUSEHOLD HEAD/RESPONDENT	_____	_____
ENUMERATOR	_____	_____
TEAM SUPERVISOR	_____	_____

PART I: POPULATION INFORMATION

7

QUESTION/FILTER	NAME AND SERIAL NUMBER SERIAL N° 1	
1. FULL NAME OF EACH PERSON USUALLY RESIDING IN THE HOUSEHOLD, STARTING WITH THE HOUSEHOLD HEAD. APPLICATION OF INTERVIEW PROCESS FOR DETERMINATION OF USUAL RESIDENTS	_____ _____	
2. What is [NAME]'s relationship to household head?	HOUSEHOLD HEAD 1 <input type="checkbox"/> SPOUSE 2 <input type="checkbox"/> SPOUSE 2 <input type="checkbox"/> NATURAL CHILD 3 <input type="checkbox"/> NATURAL CHILD 3 <input type="checkbox"/> GRANDCHILD 4 <input type="checkbox"/> GRANDCHILD 4 <input type="checkbox"/> PARENT 5 <input type="checkbox"/> PARENT 5 <input type="checkbox"/> OTHER RELATIVE 6 <input type="checkbox"/> OTHER RELATIVE 6 <input type="checkbox"/>	
3. Is [NAME] male or female?	MALE .. 1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/> MALE .. 1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>	
4. In what solar month and year was [NAME] born? L	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q6 ← NOT STATED YEAR .9999 <input type="checkbox"/> NOT STATED YEAR .9999 <input type="checkbox"/>	
5. What is [NAME]'s age as of his/her last birthday? (IF AGE IS 95 YEARS OR MORE, WRITE '95')	AGE <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	
6. To what ethnic group does [NAME] belong?	KINH..... 1 <input type="checkbox"/> KINH..... 1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME OF ETHNIC GROUP NAME OF ETHNIC GROUP	
7. Does [NAME] follow any faith/religion? IF YES: What is [NAME]'s faith/religion?	YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME OF RELIGION NAME OF RELIGION NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/>	
8. CHECK: IF THE RESPONDENT WAS BORN BEFORE 4/2004 (5 YEARS AND OVER) → Q 9; OTHERWISE → ASK THE NEXT		
9. Where did [NAME] reside, five years ago (on 1/4/2004)? L	SAME COMMUNE/WARD 1 <input type="checkbox"/> SAME COMMUNE/WARD 1 <input type="checkbox"/> ANOTHER COMMUNE/WARD ANOTHER COMMUNE/WARD IN SAME DISTRICT/QUARTER... 2 <input type="checkbox"/> IN SAME DISTRICT/QUARTER... 2 <input type="checkbox"/> ANOTHER DISTRICT/QUARTER ANOTHER DISTRICT/QUARTER IN SAME PROVINCE 3 <input type="checkbox"/> IN SAME PROVINCE 3 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> NAME OF DISTRICT NAME OF DISTRICT ANOTHER PROVINCE/CITY 4 <input type="checkbox"/> ANOTHER PROVINCE/CITY 4 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME OF PROVINCE NAME OF PROVINCE ABROAD 5 <input type="checkbox"/> ABROAD 5 <input type="checkbox"/> Q11 ← Q11 ←	

SERIAL N° <input type="text" value="3"/>	SERIAL N° <input type="text" value="4"/>	SERIAL N° <input type="text" value="5"/>	SERIAL N° <input type="text" value="6"/>
_____	_____	_____	_____
_____	_____	_____	_____
SPOUSE 2 <input type="checkbox"/>	SPOUSE 2 <input type="checkbox"/>	SPOUSE 2 <input type="checkbox"/>	SPOUSE 2 <input type="checkbox"/>
NATURAL CHILD 3 <input type="checkbox"/>	NATURAL CHILD 3 <input type="checkbox"/>	NATURAL CHILD 3 <input type="checkbox"/>	NATURAL CHILD 3 <input type="checkbox"/>
GRANDCHILD 4 <input type="checkbox"/>	GRANDCHILD 4 <input type="checkbox"/>	GRANDCHILD 4 <input type="checkbox"/>	GRANDCHILD 4 <input type="checkbox"/>
PARENT 5 <input type="checkbox"/>	PARENT 5 <input type="checkbox"/>	PARENT 5 <input type="checkbox"/>	PARENT 5 <input type="checkbox"/>
OTHER RELATIVE 6 <input type="checkbox"/>	OTHER RELATIVE 6 <input type="checkbox"/>	OTHER RELATIVE 6 <input type="checkbox"/>	OTHER RELATIVE 6 <input type="checkbox"/>
MALE .. 1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>	MALE .. 1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>	MALE .. 1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>	MALE .. 1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>
L MONTH <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>
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Q6 ←	Q6 ←	Q6 ←	Q6 ←
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AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>
KINH 1 <input type="checkbox"/>	KINH 1 <input type="checkbox"/>	KINH 1 <input type="checkbox"/>	KINH 1 <input type="checkbox"/>
OTHER ETHNIC GROUP 2 <input type="checkbox"/>	OTHER ETHNIC GROUP 2 <input type="checkbox"/>	OTHER ETHNIC GROUP 2 <input type="checkbox"/>	OTHER ETHNIC GROUP 2 <input type="checkbox"/>
NAME OF ETHNIC GROUP <input type="text"/> <input type="text"/>	NAME OF ETHNIC GROUP <input type="text"/> <input type="text"/>	NAME OF ETHNIC GROUP <input type="text"/> <input type="text"/>	NAME OF ETHNIC GROUP <input type="text"/> <input type="text"/>
YES 1 <input type="checkbox"/>	YES 1 <input type="checkbox"/>	YES 1 <input type="checkbox"/>	YES 1 <input type="checkbox"/>
NAME OF RELIGION <input type="text"/> <input type="text"/>	NAME OF RELIGION <input type="text"/> <input type="text"/>	NAME OF RELIGION <input type="text"/> <input type="text"/>	NAME OF RELIGION <input type="text"/> <input type="text"/>
NO 2 <input type="checkbox"/>	NO 2 <input type="checkbox"/>	NO 2 <input type="checkbox"/>	NO 2 <input type="checkbox"/>
8. CHECK: IF THE RESPONDENT WAS BORN BEFORE 4/2004 (5 YEARS AND OVER) → Q 9; OTHERWISE → ASK THE NEXT			
SAME COMMUNE/WARD 1 <input type="checkbox"/>	SAME COMMUNE/WARD 1 <input type="checkbox"/>	SAME COMMUNE/WARD 1 <input type="checkbox"/>	SAME COMMUNE/WARD 1 <input type="checkbox"/>
ANOTHER COMMUNE/WARD	ANOTHER COMMUNE/WARD	ANOTHER COMMUNE/WARD	ANOTHER COMMUNE/WARD
IN SAME DISTRICT/QUARTERN ... 2 <input type="checkbox"/>	IN SAME DISTRICT/QUARTERN ... 2 <input type="checkbox"/>	IN SAME DISTRICT/QUARTERN ... 2 <input type="checkbox"/>	IN SAME DISTRICT/QUARTERN ... 2 <input type="checkbox"/>
ANOTHER DISTRICT/QUARTER	ANOTHER DISTRICT/QUARTER	ANOTHER DISTRICT/QUARTER	ANOTHER DISTRICT/QUARTER
IN SAME PROVINCE 3 <input type="checkbox"/>	IN SAME PROVINCE 3 <input type="checkbox"/>	IN SAME PROVINCE 3 <input type="checkbox"/>	IN SAME PROVINCE 3 <input type="checkbox"/>
NAME OF DISTRICT <input type="text"/> <input type="text"/> <input type="text"/>	NAME OF DISTRICT <input type="text"/> <input type="text"/> <input type="text"/>	NAME OF DISTRICT <input type="text"/> <input type="text"/> <input type="text"/>	NAME OF DISTRICT <input type="text"/> <input type="text"/> <input type="text"/>
ANOTHER PROVINCE/CITY 4 <input type="checkbox"/>	ANOTHER PROVINCE/CITY 4 <input type="checkbox"/>	ANOTHER PROVINCE/CITY 4 <input type="checkbox"/>	ANOTHER PROVINCE/CITY 4 <input type="checkbox"/>
NAME OF PROVINCE <input type="text"/> <input type="text"/>	NAME OF PROVINCE <input type="text"/> <input type="text"/>	NAME OF PROVINCE <input type="text"/> <input type="text"/>	NAME OF PROVINCE <input type="text"/> <input type="text"/>
ABROAD 5 <input type="checkbox"/>	ABROAD 5 <input type="checkbox"/>	ABROAD 5 <input type="checkbox"/>	ABROAD 5 <input type="checkbox"/>
L Q11 ←	Q11 ←	Q11 ←	Q11 ←

NAME AND SERIAL NUMBER	1	2																																								
QUESTION/FILTER																																										
10. Is the above-mentioned place of usual residence a ward, a district town or a commune, five years ago?	WARD/DISTRICT TOWN 1 <input type="checkbox"/> COMMUNE.....2 <input type="checkbox"/>	WARD/DISTRICT TOWN 1 <input type="checkbox"/> COMMUNE.....2 <input type="checkbox"/>																																								
11. Has [NAME] has any difficulty as: IF YES: How difficult is it?: a little, very difficulty or been unable. a) Seeing (even if wearing glasses)? b) Hearing? c) Walking? d) Remembering or paying attention to?	<table border="0"> <tr> <td>NO DIFFICULTY</td> <td>A LITTLE DIFFICULTY</td> <td>VERY DIFFICULTY</td> <td>UNABLE [...]</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </table> <table border="0"> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </table>	NO DIFFICULTY	A LITTLE DIFFICULTY	VERY DIFFICULTY	UNABLE [...]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<table border="0"> <tr> <td>NO DIFFICULTY</td> <td>A LITTLE DIFFICULTY</td> <td>VERY DIFFICULTY</td> <td>UNABLE [...]</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </table> <table border="0"> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </table>	NO DIFFICULTY	A LITTLE DIFFICULTY	VERY DIFFICULTY	UNABLE [...]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																							
12. At present, has [NAME] been attending, ever attended or never attended schools?	ATTENDING..... 1 <input type="checkbox"/> EVER ATTENDED..... 2 <input type="checkbox"/> NEVER ATTENDED..... 3 <input type="checkbox"/> Q16 ←	ATTENDING..... 1 <input type="checkbox"/> EVER ATTENDED..... 2 <input type="checkbox"/> NEVER ATTENDED..... 3 <input type="checkbox"/> Q16 ←																																								
13. What is the highest grade of education/training [NAME] is attending or has attained? ABBREVIATION: TRADE VOC. SCHOOL - TRADE VOCATIONAL SCHOOL VOC. SCHOOL - VOCATIONAL SCHOOL	PRE-SCHOOL00 <input type="checkbox"/> Q16 ← PRIMARY01 <input type="checkbox"/> LOWER SECONDARY02 <input type="checkbox"/> SHORT TERM TRAINING...03 <input type="checkbox"/> HIGHER SECONDARY04 <input type="checkbox"/> TRADE VOC. SCHOOL.....05 <input type="checkbox"/> VOC. SCHOOL06 <input type="checkbox"/> TRADE COLLEGE.....07 <input type="checkbox"/> COLLEGE08 <input type="checkbox"/> UNIVERSITY.....09 <input type="checkbox"/> MASTER10 <input type="checkbox"/> DOCTOR.....11 <input type="checkbox"/>	PRE-SCHOOL00 <input type="checkbox"/> Q16 ← PRIMARY01 <input type="checkbox"/> LOWER SECONDARY02 <input type="checkbox"/> SHORT TERM TRAINING...03 <input type="checkbox"/> HIGHER SECONDARY04 <input type="checkbox"/> TRADE VOC. SCHOOL.....05 <input type="checkbox"/> VOC. SCHOOL06 <input type="checkbox"/> TRADE COLLEGE07 <input type="checkbox"/> COLLEGE08 <input type="checkbox"/> UNIVERSITY09 <input type="checkbox"/> MASTER10 <input type="checkbox"/> DOCTOR11 <input type="checkbox"/>																																								
14. What is the highest grade/year of education/training [NAME] is attending or has completed at the above-mentioned grade? (GRADE IS CONVERTED INTO 12-YEAR GENERAL EDUCATION LEVEL)	GRADE/YEAR <input type="text"/>	GRADE/YEAR <input type="text"/>																																								
15. CHECK Q 13: IF Q 13 = 1 → Q 16; OTHERWISE → Q 17																																										
16. At present, can [NAME] read, write?	YES..... 1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>																																								
17. IF THE RESPONDENT WAS BORN BEFORE 4/1994 (15 YEARS AND OVER) → Q 18; OTHERWISEI → ASK THE NEXT																																										
18. What is the current marital status of [NAME]?	NEVER MARRIED 1 <input type="checkbox"/> MARRIED 2 <input type="checkbox"/> WIDOWED..... 3 <input type="checkbox"/> DIVORCED 4 <input type="checkbox"/> SEPARATED 5 <input type="checkbox"/>	NEVER MARRIED 1 <input type="checkbox"/> MARRIED 2 <input type="checkbox"/> WIDOWED..... 3 <input type="checkbox"/> DIVORCED 4 <input type="checkbox"/> SEPARATED 5 <input type="checkbox"/>																																								

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15. CHECK Q 13: IF Q 13 = 1 → Q 16; OTHERWISE → Q 17																																																																																			
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17. IF THE RESPONDENT WAS BORN BEFORE 4/1994 (15 YEARS AND OVER) → Q 18; OTHERWISE! → ASK THE NEXT																																																																																			
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NAME AND SERIAL NUMBER QUESTION/FILTER	1	2
<p>19. What is the highest qualification that [NAME] attained?</p> <p>ABBREVIATION: TRADE VOC. SCHOOL - TRADE VOCATIONAL SCHOOL VOC. SCHOOL - VOCATIONAL SCHOOL</p>	<p>NO QUALIFICATION.....1 <input type="checkbox"/></p> <p>SHORT-TERM TRAINING.....2 <input type="checkbox"/></p> <p>TRADE VOC. SCHOOL.....3 <input type="checkbox"/></p> <p>VOC. SCHOOL.....4 <input type="checkbox"/></p> <p>TRADE COLLEGE.....5 <input type="checkbox"/></p> <p>COLLEGE.....6 <input type="checkbox"/></p> <p>UNIVERSITY.....7 <input type="checkbox"/></p> <p>MASTER.....8 <input type="checkbox"/></p> <p>DOCTOR.....9 <input type="checkbox"/></p>	<p>NO QUALIFICATION.....1 <input type="checkbox"/></p> <p>SHORT-TERM TRAINING.....2 <input type="checkbox"/></p> <p>TRADE VOC. SCHOOL.....3 <input type="checkbox"/></p> <p>VOC. SCHOOL.....4 <input type="checkbox"/></p> <p>TRADE COLLEGE.....5 <input type="checkbox"/></p> <p>COLLEGE.....6 <input type="checkbox"/></p> <p>UNIVERSITY.....7 <input type="checkbox"/></p> <p>MASTER.....8 <input type="checkbox"/></p> <p>DOCTOR.....9 <input type="checkbox"/></p>
<p>20. Now, let me ask about the work in the last 7 days: During the last 7 days, did you do any work to make profit?</p>	<p>YES.....1 <input type="checkbox"/> → Q23a</p> <p>NO.....2 <input type="checkbox"/></p> <p>DO NOT KNOW.3 <input type="checkbox"/> → Q31</p>	<p>YES.....1 <input type="checkbox"/> → Q23a</p> <p>NO.....2 <input type="checkbox"/></p> <p>DO NOT KNOW.3 <input type="checkbox"/> → Q31</p>
<p>21. Did you still receive wage/salary without working ?</p>	<p>YES.....1 <input type="checkbox"/> → Q23b</p> <p>NO.....2 <input type="checkbox"/></p>	<p>YES.....1 <input type="checkbox"/> → Q23b</p> <p>NO.....2 <input type="checkbox"/></p>
<p>22. Did you have a job that you will return to work during the next 30 days?</p>	<p>YES.....1 <input type="checkbox"/> → Q23b</p> <p>NO.....2 <input type="checkbox"/> → Q28</p>	<p>YES.....1 <input type="checkbox"/> → Q23b</p> <p>NO.....2 <input type="checkbox"/> → Q28</p>
<p>23a. During the last 7 days, what was the main type of work you did and what position did you hold for the mentioned work (IF AVAILABLE)?</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p>23b. During the 7 days before having break from work, what was the main type of work you did and what position did you hold for the mentioned work (IF AVAILABLE)?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>24. With above-mentioned work, are you the contributing family-worker, employee or work as another role? L</p>	<p>FAMILY WORKER.....1 <input type="checkbox"/></p> <p>EMPLOYEE.....2 <input type="checkbox"/></p> <p>OTHERS.....3 <input type="checkbox"/></p>	<p>FAMILY WORKER.....1 <input type="checkbox"/></p> <p>EMPLOYEE.....2 <input type="checkbox"/></p> <p>OTHERS.....3 <input type="checkbox"/></p>
<p>25. Does the establishment where you did the above-mentioned work belong to individual, household of individual production and trade, collective, private, state or foreign investment economic sector?</p> <p>ABBREVIATION: HH OF IN. PRO.TRADE – HOUSEHOLD OF INDIVIDUAL PRODUCTION AND TRADE (INCLUDING AGRICULTURE-FORESTRY-FISHERY AND NONE AGRICULTURE-FORESTRY-FISHERY HOUSEHOLDS) L</p>	<p>INDIVIDUAL.....1 <input type="checkbox"/></p> <p style="text-align: center;">Q31 ←</p> <p>HH OF IN. PRO.TRADE.....2 <input type="checkbox"/></p> <p style="text-align: center;">Q27 ←</p> <p>COLLECTIVE.....3 <input type="checkbox"/></p> <p>PRIVATE.....4 <input type="checkbox"/></p> <p>STATE.....5 <input type="checkbox"/></p> <p>FOREIGN INVESTMENT.....6 <input type="checkbox"/></p>	<p>INDIVIDUAL.....1 <input type="checkbox"/></p> <p style="text-align: center;">Q31 ←</p> <p>HH OF IN. PRO.TRADE.....2 <input type="checkbox"/></p> <p style="text-align: center;">Q27 ←</p> <p>COLLECTIVE.....3 <input type="checkbox"/></p> <p>PRIVATE.....4 <input type="checkbox"/></p> <p>STATE.....5 <input type="checkbox"/></p> <p>FOREIGN INVESTMENT.....6 <input type="checkbox"/></p>
<p>26. What is the name of the establishment where you did the above-mentioned work and the name of its direct supervision organization (IF AVAILABLE)?</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>

3	4	5	6
NO QUALIFICATION 1 <input type="checkbox"/>	NO QUALIFICATION 1 <input type="checkbox"/>	NO QUALIFICATION 1 <input type="checkbox"/>	NO QUALIFICATION 1 <input type="checkbox"/>
SHORT-TERM TRAINING 2 <input type="checkbox"/>	SHORT-TERM TRAINING 2 <input type="checkbox"/>	SHORT-TERM TRAINING 2 <input type="checkbox"/>	SHORT-TERM TRAINING 2 <input type="checkbox"/>
TRADE VOC. SCHOOL 3 <input type="checkbox"/>	TRADE VOC. SCHOOL 3 <input type="checkbox"/>	TRADE VOC. SCHOOL 3 <input type="checkbox"/>	TRADE VOC. SCHOOL 3 <input type="checkbox"/>
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MASTER 8 <input type="checkbox"/>	MASTER 8 <input type="checkbox"/>	MASTER 8 <input type="checkbox"/>	MASTER 8 <input type="checkbox"/>
DOCTOR 9 <input type="checkbox"/>	DOCTOR 9 <input type="checkbox"/>	DOCTOR 9 <input type="checkbox"/>	DOCTOR 9 <input type="checkbox"/>
YES 1 <input type="checkbox"/> → Q23a	YES 1 <input type="checkbox"/> → Q23a	YES 1 <input type="checkbox"/> → Q23a	YES 1 <input type="checkbox"/> → Q23a
NO 2 <input type="checkbox"/>	NO 2 <input type="checkbox"/>	NO 2 <input type="checkbox"/>	NO 2 <input type="checkbox"/>
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YES 1 <input type="checkbox"/> → Q23b	YES 1 <input type="checkbox"/> → Q23b	YES 1 <input type="checkbox"/> → Q23b	YES 1 <input type="checkbox"/> → Q23b
NO 2 <input type="checkbox"/>	NO 2 <input type="checkbox"/>	NO 2 <input type="checkbox"/>	NO 2 <input type="checkbox"/>
YES 1 <input type="checkbox"/> → Q23b	YES 1 <input type="checkbox"/> → Q23b	YES 1 <input type="checkbox"/> → Q23b	YES 1 <input type="checkbox"/> → Q23b
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FAMILY WORKER 1 <input type="checkbox"/>	FAMILY WORKER 1 <input type="checkbox"/>	FAMILY WORKER 1 <input type="checkbox"/>	FAMILY WORKER 1 <input type="checkbox"/>
EMPLOYEE 2 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>
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INDIVIDUAL 1 <input type="checkbox"/>	INDIVIDUAL 1 <input type="checkbox"/>	INDIVIDUAL 1 <input type="checkbox"/>	INDIVIDUAL 1 <input type="checkbox"/>
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PRIVATE 4 <input type="checkbox"/>	PRIVATE 4 <input type="checkbox"/>	PRIVATE 4 <input type="checkbox"/>	PRIVATE 4 <input type="checkbox"/>
STATE 5 <input type="checkbox"/>	STATE 5 <input type="checkbox"/>	STATE 5 <input type="checkbox"/>	STATE 5 <input type="checkbox"/>
FOREIGN INVESTMENT 6 <input type="checkbox"/>	FOREIGN INVESTMENT 6 <input type="checkbox"/>	FOREIGN INVESTMENT 6 <input type="checkbox"/>	FOREIGN INVESTMENT 6 <input type="checkbox"/>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NAME AND SERIAL NUMBER	1	2
QUESTION/FILTER		
27. What are the main responsibilities/products of the establishment where you did the above - mentioned work?	<p>_____</p> <p>_____</p> <p>_____</p> <p>Q31 ←</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Q31 ←</p>
28. During the last 30 days, did you look for any work?	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q30	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q30
29. During the last 7 days, would you be available for work if you have found a suitable work	YES1 <input type="checkbox"/> → Q31 NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> → Q31 NO2 <input type="checkbox"/>
30. IF Q 28 = 2: Why didn't you look for work? IF Q 29 = 2: Why wasn't you available for work? L	NO SUITABLE WORK/ DON'T KNOW WHERE 1 <input type="checkbox"/> ILLNESS/PERSONAL MATTER/ WAIT FOR JOB APPLICATION'S RESULT 2 <input type="checkbox"/> BAD WEATHER/ OFF SEASON 3 <input type="checkbox"/> ATTENDING SCHOOL 4 <input type="checkbox"/> HOUSEWORK 5 <input type="checkbox"/> DISABLED 6 <input type="checkbox"/> NOT WILLING TO WORK 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> (SPECIFY)	NO SUITABLE WORK/ DON'T KNOW WHERE 1 <input type="checkbox"/> ILLNESS/PERSONAL MATTER/ WAIT FOR JOB APPLICATION'S RESULT 2 <input type="checkbox"/> BAD WEATHER/ OFF SEASON 3 <input type="checkbox"/> ATTENDING SCHOOL 4 <input type="checkbox"/> HOUSEWORK 5 <input type="checkbox"/> DISABLED 6 <input type="checkbox"/> NOT WILLING TO WORK 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> (SPECIFY)
31. CHECK: IF RESPONDENT IS FEMALE BORN FROM 4/1959 TO 3/1994 (FROM 15 TO 49 YEARS OF AGE) → Q 32; OTHERWISE → ASK THE NEXT		
32. Have you ever given birth?	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> THE NEXT ←	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> THE NEXT ←
33a. How many children to whom you have given birth are currently living with you in this household?	CHILDREN IN THE SAME HOUSEHOLD <input type="text"/>	CHILDREN IN THE SAME HOUSEHOLD <input type="text"/>
33b. How many children to whom you have given birth aren't currently living with you in this household (living elsewhere)?	CHILDREN IN OTHER HOUSEHOLD <input type="text"/>	CHILDREN IN OTHER HOUSEHOLD <input type="text"/>
33c. Have you ever given birth to a boy or a girl who was born alive but later died? IF YES, ASK NUMBER OF DEAD CHILD(REN).	CHILDREN DEAD <input type="text"/>	CHILDREN DEAD <input type="text"/>
34a. In what solar month and year have you given the last birth?	MONTH <input type="text"/> YEAR <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>
34b. How many sons and daughters have you given in the last birth? L	SON(S) <input type="text"/> DAUGHTER(S) <input type="text"/>	SON(S) <input type="text"/> DAUGHTER(S) <input type="text"/>

_____ 3	_____ 4	_____ 5	_____ 6
_____ _____ _____ _____ _____ Q31 ← <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____ _____ _____ Q31 ← <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____ _____ _____ Q31 ← <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____ _____ _____ Q31 ← <input type="text"/> <input type="text"/> <input type="text"/>
YES..... 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → Q30	YES..... 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → Q30	YES..... 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → Q30	YES..... 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → Q30
YES..... 1 <input type="checkbox"/> → Q31 NO 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> → Q31 NO 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> → Q31 NO 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> → Q31 NO 2 <input type="checkbox"/>
NO SUITABLE WORK/ DON'T KNOW WHERE..... 1 <input type="checkbox"/> ILLNESS/PERSONAL MATTER/ WAIT FOR JOB APPLICATION'S RESULT 2 <input type="checkbox"/> BAD WEATHER/ OFF SEASON 3 <input type="checkbox"/> ATTENDING SCHOOL 4 <input type="checkbox"/> HOUSEWORK 5 <input type="checkbox"/> DISABLED 6 <input type="checkbox"/> NOT WILLING TO WORK 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> (SPECIFY)	NO SUITABLE WORK/ DON'T KNOW WHERE..... 1 <input type="checkbox"/> ILLNESS/PERSONAL MATTER/ WAIT FOR JOB APPLICATION'S RESULT 2 <input type="checkbox"/> BAD WEATHER/ OFF SEASON 3 <input type="checkbox"/> ATTENDING SCHOOL 4 <input type="checkbox"/> HOUSEWORK 5 <input type="checkbox"/> DISABLED 6 <input type="checkbox"/> NOT WILLING TO WORK 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> (SPECIFY)	NO SUITABLE WORK/ DON'T KNOW WHERE..... 1 <input type="checkbox"/> ILLNESS/PERSONAL MATTER/ WAIT FOR JOB APPLICATION'S RESULT 2 <input type="checkbox"/> BAD WEATHER/ OFF SEASON 3 <input type="checkbox"/> ATTENDING SCHOOL 4 <input type="checkbox"/> HOUSEWORK 5 <input type="checkbox"/> DISABLED 6 <input type="checkbox"/> NOT WILLING TO WORK 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> (SPECIFY)	NO SUITABLE WORK/ DON'T KNOW WHERE..... 1 <input type="checkbox"/> ILLNESS/PERSONAL MATTER/ WAIT FOR JOB APPLICATION'S RESULT 2 <input type="checkbox"/> BAD WEATHER/ OFF SEASON 3 <input type="checkbox"/> ATTENDING SCHOOL 4 <input type="checkbox"/> HOUSEWORK 5 <input type="checkbox"/> DISABLED 6 <input type="checkbox"/> NOT WILLING TO WORK 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> (SPECIFY)
31. CHECK: IF RESPONDENT IS FEMALE BORN FROM 4/1959 TO 3/1994 (FROM 15 TO 49 YEARS OF AGE) → Q 32; OTHERWISE → ASK THE NEXT			
YES..... 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> THE NEXT ←	YES..... 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> THE NEXT ←	YES..... 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> THE NEXT ←	YES..... 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> THE NEXT ←
CHILDREN IN THE <input type="text"/> <input type="text"/> SAME HOUSEHOLD	CHILDREN IN THE <input type="text"/> <input type="text"/> SAME HOUSEHOLD	CHILDREN IN THE <input type="text"/> <input type="text"/> SAME HOUSEHOLD	CHILDREN IN THE <input type="text"/> <input type="text"/> SAME HOUSEHOLD
CHILDREN IN <input type="text"/> <input type="text"/> OTHER HOUSEHOLD	CHILDREN IN <input type="text"/> <input type="text"/> OTHER HOUSEHOLD	CHILDREN IN <input type="text"/> <input type="text"/> OTHER HOUSEHOLD	CHILDREN IN <input type="text"/> <input type="text"/> OTHER HOUSEHOLD
CHILDREN DEAD <input type="text"/> <input type="text"/>	CHILDREN DEAD <input type="text"/> <input type="text"/>	CHILDREN DEAD <input type="text"/> <input type="text"/>	CHILDREN DEAD <input type="text"/> <input type="text"/>
L MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	J MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SON(S) <input type="text"/> DAUGHTER(S) <input type="text"/>	SON(S) <input type="text"/> DAUGHTER(S) <input type="text"/>	L SON(S) <input type="text"/> DAUGHTER(S) <input type="text"/>	SON(S) <input type="text"/> DAUGHTER(S) <input type="text"/>

PART 2: MORTALITY INFORMATION



35. From the 1 st of Lunar New Year - Mau Ty (07/02/2008 as solar calendar) to 0:00am on 1/4/2009, were there any adult or infant deaths in your household?		YES 1 <input type="checkbox"/>	NO 2 <input type="checkbox"/> → PART 3: HOUSING INFORMATION	
SERIAL NUMBER	QUESTION/FILTER	THE DECEASED 1	THE DECEASED 2	THE DECEASED 3
	36. Let me know about the full name of each deceased person?	_____	_____	_____
	37. Is [NAME] male or female?	MALE 1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/>	MALE 1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/>	MALE 1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/>
	38. In what solar month and year did [NAME] die?	MONTH <input type="text"/> <input type="text"/> YEAR 2008 1 <input type="checkbox"/> YEAR 2009 2 <input type="checkbox"/>	MONTH <input type="text"/> <input type="text"/> YEAR 2008 1 <input type="checkbox"/> YEAR 2009 2 <input type="checkbox"/>	MONTH <input type="text"/> <input type="text"/> YEAR 2008 1 <input type="checkbox"/> YEAR 2009 2 <input type="checkbox"/>
	39. What was solar completed age of [NAME] when he/she died? IF AGE IS LESS THAN 12 MONTHS, WRITE '00' AGE IS ABOVE 95, WRITE '95	SOLAR AGE <input type="text"/> <input type="text"/>	SOLAR AGE <input type="text"/> <input type="text"/>	SOLAR AGE <input type="text"/> <input type="text"/>
	40. What is the cause of [NAME]'s death? L	DISEASES 1 <input type="checkbox"/> WORKING ACCIDENT 2 <input type="checkbox"/> TRAFFIC ACCIDENT 3 <input type="checkbox"/> OTHER ACCIDENT 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/> (SPECIFY)	DISEASES 1 <input type="checkbox"/> WORKING ACCIDENT 2 <input type="checkbox"/> TRAFFIC ACCIDENT 3 <input type="checkbox"/> OTHER ACCIDENT 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/> (SPECIFY)	DISEASES 1 <input type="checkbox"/> WORKING ACCIDENT 2 <input type="checkbox"/> TRAFFIC ACCIDENT 3 <input type="checkbox"/> OTHER ACCIDENT 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/> (SPECIFY)
41. CHECK Q 37, 39, 40: IF WOMEN AGED 15-49 WHO DIDN'T DIE OF ACCIDENT → Q 42; OTHERWISE, ASK FOR THE NEXT DECEASED.				
	42. Did [NAME] die during pregnancy? IF NOT: Did [NAME] die during childbirth? IF NOT: Did [NAME] die after miscarriage/abortion? IF NOT: Did [NAME] die within 42 days of after childbirth/lost pregnancy?	PREGNANCY 1 <input type="checkbox"/> CHILDBIRTH 2 <input type="checkbox"/> MISCARRIAGE/ ABORTION 3 <input type="checkbox"/> 42 DAYS OF AFTER CHILD-BIRTH/LOST PREGNANCY 4 <input type="checkbox"/> NO 5 <input type="checkbox"/>	PREGNANCY 1 <input type="checkbox"/> CHILDBIRTH 2 <input type="checkbox"/> MISCARRIAGE/ ABORTION 3 <input type="checkbox"/> 42 DAYS OF AFTER CHILD-BIRTH/LOST PREGNANCY 4 <input type="checkbox"/> NO 5 <input type="checkbox"/>	PREGNANCY 1 <input type="checkbox"/> CHILDBIRTH 2 <input type="checkbox"/> MISCARRIAGE/ ABORTION 3 <input type="checkbox"/> 42 DAYS OF AFTER CHILD-BIRTH/LOST PREGNANCY 4 <input type="checkbox"/> NO 5 <input type="checkbox"/>



L

HH N°:.....

SET N°:.....

PART 3: HOUSING INFORMATION

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QUESTION/FILTER	ANSWER
43. HOUSEHOLD HAS THE DWELLING OR NOT	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → Q53
44. Is your household sharing the dwelling with others? IF YES : WRITE SHARED INFORMATION OF THE DWELLING INTO THE REPRESENTATIVE HOUSEHOLD	NO 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> → THIS IS THE REPRESENTATIVE HH 1 <input type="checkbox"/> BE RECORDED WITH OTHER HH .. 2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> ← NAME OF HEAD OF REP. HH Q53 ←
45. Is the dwelling of your household the apartment building or the single detached house? COMBINATION OF OBSERVATION TO RECORD	APARTMENT BUILDING 1 <input type="checkbox"/> SINGLE DETACHED HOUSE 2 <input type="checkbox"/>
46. How many the following rooms are there in this house/flat: a) dwelling rooms? b) bedrooms, in which?	DWELLING ROOMS <input type="text"/> <input type="text"/> BEDROOMS <input type="text"/> <input type="text"/>
47. How many square meters is the total floor space of the house/ flat?	FLOOR SPACE (m ²) <input type="text"/> <input type="text"/> <input type="text"/>
48. What is the main construction material of the pier (or the pivot or the load-bearing wall)? L	CONCRETE 1 <input type="checkbox"/> BRICK/STONE 2 <input type="checkbox"/> STEEL/IRON/DURABLE WOOD 3 <input type="checkbox"/> WOOD OF LOW QUALITY/BAMBOO 4 <input type="checkbox"/> OTHER _____ 5 <input type="checkbox"/> (SPECIFY)
49. What is the main construction material of the roof?	CONCRETE 1 <input type="checkbox"/> TILE (CEMENT, TERRA-COTTA) 2 <input type="checkbox"/> SLAB (CEMENT, METAL) 3 <input type="checkbox"/> LEAF/STRAW/OIL PAPER 4 <input type="checkbox"/> OTHER _____ 5 <input type="checkbox"/> (SPECIFY)
50. What is the main construction material of the outer walls?	CONCRETE 1 <input type="checkbox"/> BRICK/STONE 2 <input type="checkbox"/> WOOD/METAL 3 <input type="checkbox"/> CLAY/STRAW 4 <input type="checkbox"/> WATTLE/PLYWOOD 5 <input type="checkbox"/> OTHER _____ 6 <input type="checkbox"/> (SPECIFY)
51. What year was the dwelling started using? L	BEFORE 1975 1 <input type="checkbox"/> FROM 1975 TO 1999 2 <input type="checkbox"/> FROM 2000 TO NOW 3 <input type="checkbox"/> ┘ 200 <input type="text"/> ← NOT STATED 4 <input type="checkbox"/>

QUESTION/FILTER	ANSWER																																				
52. To whom does this dwelling belong? <input type="checkbox"/>	HOUSEHOLD OWNED 1 <input type="checkbox"/> RENTED/BORROWED FROM THE STATE 2 <input checked="" type="checkbox"/> RENTED/BORROWED FROM THE PRIVATE SECTOR 3 <input type="checkbox"/> COLLECTIVE 4 <input type="checkbox"/> RELIGIOUS ORGANIZATION 5 <input type="checkbox"/> JOINT STATE AND INDIVIDUAL 6 <input type="checkbox"/> UNCLEAR OWNERSHIP 7 <input type="checkbox"/>																																				
53. What is the main kind of fuel (energy) your household is using for lighting?	ELECTRICITY 1 <input type="checkbox"/> ELECTRIC GENERATOR 2 <input type="checkbox"/> KEROSENE 3 <input type="checkbox"/> GAS 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/> (SPECIFY)																																				
54. What is the main kind of fuel (energy) your household is using for cooking?	ELECTRICITY 1 <input type="checkbox"/> PARAFFIN 2 <input type="checkbox"/> GAS 3 <input type="checkbox"/> COAL 4 <input type="checkbox"/> FIREWOOD 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> (SPECIFY) NO USE 7 <input type="checkbox"/>																																				
55. What is the main source of cooking/drinking water of your household? <input type="checkbox"/>	INDOORS TAP WATER 1 <input type="checkbox"/> PUBLIC TAP WATER 2 <input type="checkbox"/> DRILLED WELL 3 <input type="checkbox"/> PROTECTED DIG WELL 4 <input type="checkbox"/> UN-PROTECTED DIG WELL 5 <input type="checkbox"/> PROTECTED SLOT WATER 6 <input type="checkbox"/> UNPROTECTED SLOT WATER 7 <input type="checkbox"/> RAIN WATER 8 <input type="checkbox"/> OTHER 9 <input type="checkbox"/> (SPECIFY)																																				
56. What kind of toilet facility is your household using most?	INDOOR FLUSH/SEMI FLUSH TOILET 1 <input type="checkbox"/> OUTDOOR FLUSH/SEMI FLUSH TOILET 2 <input type="checkbox"/> OTHER 3 <input type="checkbox"/> NO TOILET 4 <input type="checkbox"/>																																				
57. At present, is your household using any of the following appliances: <input type="checkbox"/>	<table border="0"> <thead> <tr> <th></th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Television?</td> <td>TELEVISION 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Radio/Radio Cassette?</td> <td>RADIO/RADIO CASSETTS 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Telephone?</td> <td>TELEPHONE 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Computer?</td> <td>COMPUTER 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Washing machine?</td> <td>WASHING MACHINE 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Refrigerator?</td> <td>REFRIGERATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Air condition?</td> <td>AIR CONDITION 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Motorcycle or Motorbike?</td> <td>MOTORCYCLE/MOTORBIKE 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			YES	NO	Television?	TELEVISION 1	<input type="checkbox"/>	<input type="checkbox"/>	Radio/Radio Cassette?	RADIO/RADIO CASSETTS 1	<input type="checkbox"/>	<input type="checkbox"/>	Telephone?	TELEPHONE 1	<input type="checkbox"/>	<input type="checkbox"/>	Computer?	COMPUTER 1	<input type="checkbox"/>	<input type="checkbox"/>	Washing machine?	WASHING MACHINE 1	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator?	REFRIGERATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	Air condition?	AIR CONDITION 1	<input type="checkbox"/>	<input type="checkbox"/>	Motorcycle or Motorbike?	MOTORCYCLE/MOTORBIKE 1	<input type="checkbox"/>	<input type="checkbox"/>
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